MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01077

01089

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Girdletree
LENGTH OF STAY (in this place) 47 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Girdletree
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Eliza (Middle) (Last) Collick

4. DATE OF DEATH: (Month) Jan. (Day) 14 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb 21-1891
9. AGE last birthday: 63/10/23 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Newark Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: G. Hasty Collick, Girdletree, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 15 min.

ANTECEDENT CAUSE (S) DUE TO (B) Hypertensive Cardiovascular disease — 10 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1951, to Jan 14, 1955, that I last saw the deceased alive on Jan. 13, 1955, and that death occurred at 3:40 P M, from the causes and on the date stated above.

SIGNATURE: Dorothy Palmer M.D. ADDRESS: Snow Hill DATE SIGNED: 1-17-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Jan. 18/55
NAME OF CEMETERY OR CREMATORY: Coulspring
LOCATION (City, town, or county) (State): Girdletree, Md

DATE REC'D BY LOCAL REGISTRAR: Jan 18, 55
REGISTRAR'S SIGNATURE: Edwyn E. Cooper
24. FUNERAL DIRECTOR: Wm Collins
ADDRESS: Snow Hill, Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

RECEIVED
JAN 20 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01090 01078

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 351

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill - Rural
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Farm from - Road to Girdletree

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill - Rural
STREET ADDRESS (If rural, give location) Chance Farm Girdletree Road to

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) C (Last) Tasker
4. DATE OF DEATH: (Month) Jan (Day) 4 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Single	10/19/54	2 months				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Pennsylvania Germantown Hospital	USA

13. FATHER'S NAME: James Harris
14. MOTHER'S MAIDEN NAME: Esther Tasker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Father Tasker, Snow Hill Md Route #1

18. MEDICAL CERTIFICATION

		Interval Between Onset and Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Unknown	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Malnutrition, Dehydration, Mild Hepatitis	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Neglect by Mother	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐	Not while at work ☐	HOW DID INJURY OCCUR?
No injury m.			

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Dr. M. Antonio Dr. Med. Pocomoke City, Md 1/5/55

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan. 6/55	St James	Snow Hill	Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 6, 55	Elwyn E. Cooper	Tilley & Mumford	Snow Hill Md

2004379396

RECEIVED
JAN 17 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01079

01091 **CERTIFICATE OF DEATH** Reg. Dist. No. 355

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: 23 COUNTY WORCESTER MARYLAND
X CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): BERLIN
LENGTH OF STAY (in this place): 103
00 HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: 23
STATE MD COUNTY WORCESTER
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): BERLIN X
STREET ADDRESS (If rural give location): 1

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) BRIDELL (Last) JACOBS
4. DATE OF DEATH: (Month) JAN. (Day) 2 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	YW	WIDOWER	APRIL 6, 1851	103 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER RETIRED
10B. KIND OF BUSINESS OR INDUSTRY: OWN FARM
11. BIRTHPLACE (State or foreign country): BERLIN MD
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CURTIS W. JACOBS
14. MOTHER'S MAIDEN NAME: MARY HOLLAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. NO
17. INFORMANT & ADDRESS: MR. ROBBINS JACOBS, BERLIN MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

605X

IMMEDIATE CAUSE (A) Acute Myocarditis

ANTECEDENT CAUSE (S) DUE TO (B) Cystitis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Senility

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-48, 19..., to 1-2-55, 19..., that I last saw the deceased alive on 12-20-55, 19..., and that death occurred at ... M. from the causes and on the date stated above.

SIGNATURE Clifford E. Abbott ADDRESS M. D. Berlin Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	1/4/55	JACOBS FAMILY	BERLIN, MD (RJE)

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-4-55	Helen F. Hayward	Emma A Burbage	Berlin Md

RECEIVED
JAN 10 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01080

01092

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester MARYLAND

X CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Girdletree

LENGTH OF STAY (in this place) 12 yrs

00 HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Girdletree X

STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Maggie (Middle) Mae (Last) Johnson

4. DATE OF DEATH: (Month) Jan. (Day) 12 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 11 - 1881

9. AGE last birthday 73/9/1 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Atlantic, Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Hill

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mr Clarence H. Johnson, Girdletree Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

IMMEDIATE CAUSE

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(A) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 day

DUE TO

(B) Hypertensive Cardio-Renal Disease — unknown

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Duodenal ulcer — unknown

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1955, to Jan 12, 1955 that I last saw the deceased alive on Jan 12, 1955, and that death occurred at 3.30 P M, from the causes and on the date stated above.

SIGNATURE Paul Cheney M. D. ADDRESS Snow Hill DATE SIGNED 1-13-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Jan. 15/55

NAME OF CEMETERY OR CREMATORY Spring Hill

LOCATION (City, town, or county) Girdletree, (State) Md

DATE REC'D BY LOCAL REGISTRAR Jan 14, 55

REGISTRAR'S SIGNATURE Guy E. Cooper

24. FUNERAL DIRECTOR Alan E. Ennis, ADDRESS Snow Hill, Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 17 1955
BUREAU V. S.

01081

MARYLAND 01093

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 353

MARGIN RESERVED FOR BINDING

M

I

1. PLACE OF DEATH COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishopville
LENGTH OF STAY (in this place) ✓
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishopville
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Irene (Middle) Kathryn (Last) Lynch

4. DATE OF DEATH (Month) Jan (Day) 9, (Year) 1955

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Aug 14, 1876
9. AGE last birthday 78 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Philadelphia, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James M. Bishop
14. MOTHER'S MAIDEN NAME Mary Hester Taylor.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If year, give war or dates of service) ✓
16. SOCIAL SECURITY NO. ✓
17. INFORMANT AND ADDRESS Rhoda Quillen Ocean City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Congestive heart failure — about 2 yrs

Antecedent cause(s) (b) Arteriosclerotic heart disease — unknown

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Hypertensive cardiovascular disease — unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. senility

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1954, to Jan, 1955, that I last saw the deceased alive on 9 Jan, 1955, and that death occurred at 10:30 P.m., from the causes and on the date stated above.

SIGNATURE Carl B. McFadden (Degree or title) ADDRESS Selbyville, Del. DATE SIGNED 12 Jan 55

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 1-12-55
NAME OF CEMETERY OR CREMATORY I.O.O.F.
LOCATION (City, town, or county) Bishopville (State) Md.

DATE REC'D BY LOCAL REG. Jan-12-55
REGISTRAR'S SIGNATURE Mrs. Hilda Bergey
24. FUNERAL DIRECTOR Peter Whaley ADDRESS Selbyville, Del.

RECEIVED
JAN 14 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01094 01082

CERTIFICATE OF DEATH

Reg. Dist. No. 351

Item 9, Film G177 2-8-55 et

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Stockton
LENGTH OF STAY (in this place) 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Stockton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Ella (Middle) D. (Last) Mason

4. DATE OF DEATH (Month) Jan. (Day) 26 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 15-1870
9. AGE last birthday 04/15/55 30 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Snow Hill Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Levin W. Disharoon
14. MOTHER'S MAIDEN NAME: Elnor Hales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mrs Belle D. Porter, Stockton, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

IMMEDIATE CAUSE (A) Cachexia & Inanition — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.

ANTECEDENT CAUSE (S) DUE TO (B) Gastric Carcinoma — 6 mos

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

(904.9)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Recent fracture Right Hip. — 3 mos

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, 19 ...., to JAN, 26, 1955, that I last saw the deceased alive on JAN 25, 1955, and that death occurred at 10:00 A.M., from the causes and on the date stated above.

SIGNATURE: Robert L. LaMar M. D. ADDRESS: SNOW HILL DATE SIGNED: 1-27-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Jan 28/55
NAME OF CEMETERY OR CREMATORY: Trowbridge
LOCATION (City, town, or county) (State): Stockton, Md

DATE REC'D BY LOCAL REGISTRAR: Jan 28, 55
REGISTRAR'S SIGNATURE: Eleyn E. Cooper
24. FUNERAL DIRECTOR: Clay Cummins, Snow Hill Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15 — 10-53

RECEIVED
FEB 1 1955
BUREAU V[illegible] S[illegible]

01095 01083

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information as accurately as possible. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL Ocean City
LENGTH OF STAY (in this place) -
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pennsylvania COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cheltenham
STREET ADDRESS (If rural, give location) 326 Jefferson Ave.

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) BROWN (Last) MORRISON, Jr.
4. DATE OF DEATH (Month) Jan. (Day) 9 (Year) 19 55
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 29 Dec 1929
9. AGE last birthday: 25 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Pilot
10b. KIND OF BUSINESS OR INDUSTRY: U. S. Air Force
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Thomas Brown Morrison, Sr.
14. MOTHER'S MAIDEN NAME: Agnes Beveridge
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) see reverse
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT & ADDRESS: K. C. Gillette, 1st Lt, USAF(MSC), Dover AFB, Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Poisoning, acute, carbon monoxide — Interval between onset and death: 3 hrs

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Overexposure to cold

DUE TO

(c) Exhaustion from overexertion

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐
21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY seacoast
21c. (City or town) 1 mi SW Ocean City, (County) Worcester, (State) Md.
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Jan 9, 1955 6 P M.
21e. INJURY OCCURRED While at work ☒ Not while at work ☐
21f. HOW DID INJURY OCCUR? Aircraft accident

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Louis La Mar M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 1-12-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 1-14-55
NAME OF CEMETERY OR CREMATORY Hillside
LOCATION (City, town, or county) Roslyn, (State) Pa.

DATE REC'D BY LOCAL REG. Jan. 14, 1955
REGISTRAR'S SIGNATURE Helen F Hayward
24. FUNERAL DIRECTOR
ADDRESS

15. (Cont'd) Military Data: 1STLT, United States Air Force
Service # AO 3004640
Dates of service: 1 July 1951 to 9 Jan 1955
Organization: 331st Fighter Interceptor Squadron
519th Air Defense Group
Suffolk County Air Force Base
Long Island, New York

Mortician: Berry Funeral Home, Felton, Delaware
Receiving Funeral Director: J. W. Dean & Son, 7900 Oxford Ave., Philadelphia, Pa.

TWO FOR ONE CERTIFICATE FILM. 61N - 1/17/55

JAN 18 1955

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1084

01096

CERTIFICATE OF DEATH

Reg. Dist. No. 351

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Worcester
CITY (If outside corporate limits, write RURAL OR TOWN) Snow Hill
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) WILLIAM (Middle) RICHMOND (Last) PICKEN

4. DATE OF DEATH: (Month) JAN. (Day) 11 (Year) 1955

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11/16/1902,

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months 2, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pocomoke Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Picken

14. MOTHER'S MAIDEN NAME: Elizabeth Richmond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1917 - 1920

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) ACUTE CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: 3 DAYS

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ATHEROSCLEROSIS — 5 YRS

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. BRONCHIAL ASTHMA. — 7 YRS

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE, 1948, to JAN 11, 1955, that I last saw the deceased alive on JAN 11, 1955, and that death occurred at 3 40 A m., from the causes and on the date stated above.

SIGNATURE John H. LaMar (DEGREE OR TITLE) MD ADDRESS SNOW HILL DATE SIGNED JAN 11, 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 1/13/1955 — NAME OF CEMETERY OR CREMATORY Presbyterian — LOCATION (City, town, or county) Pocomoke — (State) Md.

DATE REC'D BY LOCAL REG. Jan 13, 55 — REGISTRAR'S SIGNATURE Lloyd E. Cooper — 24. FUNERAL DIRECTOR Robert Services by J.P. Johnson — ADDRESS Parksley, Va

RECEIVED
JAN
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01085

01097

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH. COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin
STREET ADDRESS (If rural give location) Powellton Ave

3. NAME OF DECEASED: (Type or Print) (First) Alma (Middle) (Last) Post
4. DATE OF DEATH: (Month) Jan. (Day) 23 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: Mar 29, 1883
9. AGE last birthday 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Harrison Co. West Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hiram Post
14. MOTHER'S MAIDEN NAME: Statira Cookman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT & ADDRESS: Mrs. Elizabeth Breuhl, Berlin Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X IMMEDIATE CAUSE (A) Acute Dilated Heart

ANTECEDENT CAUSE (S) DUE TO (B) Chronic Myocarditis with acute

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) attack & Hypertension

INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1955 to Jan 23, 1955 that I last saw the deceased alive on Jan 23, 1955, and that death occurred at 12:30 PM, from the causes and on the date stated above.

SIGNATURE Chas. R. Law M.D. ADDRESS Berlin Md DATE SIGNED Jan 24-1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 1/25/55
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) Berlin (State) Md.

DATE REC'D BY LOCAL REGISTRAR 1-25-55
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR Irma A. Burbage ADDRESS Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

01087

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 350

1. PLACE OF DEATH:
COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 42 Pocomoke — LENGTH OF STAY (in this place): Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 79 Enroute to Dr's Office

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Va. — COUNTY: Accomack
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Withams — 83X-3
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) JESSE (Middle) EDWARD (Last) SPENCE

4. DATE OF DEATH (Month) Jan (Day) 22, (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3/15/30

9. AGE last birthday: 24 yrs. — IF UNDER 1 YEAR: Months | Days — IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Oyster

11. BIRTHPLACE (State or foreign country): Withams, Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lee Spence

14. MOTHER'S MAIDEN NAME: Margie Copes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO — (If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Richard Spence, Withams, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Homicide by Knife

DUE TO

Antecedent cause(s) (b) Chest hemorrhage

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) Stop wounds of chest.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Heated argument

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ **or CONTRIBUTING** ☐ **CAUSE OF DEATH.**

21b. PLACE (Home, farm, factory, street, office, bldg., etc.) OF INJURY: Chicagoarthur Dolinch Dr. Wm

21c. (City or town) Pocomoke (County) Worcester (State) Md

21d. TIME OF INJURY (Month) 1/22 (Day) 1955 (Year) 8 (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Stabbed with Knife during argument

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☒, Undetermined cause ☐.

SIGNATURE: N. R. Sartorius — M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED 1/23/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1/27/55 — NAME OF CEMETERY OR CREMATORY: Withams Cemetery — LOCATION (City, town, or county): Withams, Va. (State)

DATE REC'D BY LOCAL REG.: Jan. 24 1955 — REGISTRAR'S SIGNATURE: Anne E. White

24. FUNERAL DIRECTOR — ADDRESS: Edgar Wharton, New Church, Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01087

01098 CERTIFICATE OF DEATH

Reg. Dist. No. 355

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: 22 COUNTY Worcester MARYLAND
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Ocean City
   LENGTH OF STAY (In this place) 4 yrs.
   10 HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Worcester
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City X
   STREET ADDRESS (If rural give location) 12th & Baltic. Ave.

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) F. (Last) Squires

4. DATE OF DEATH: (Month) JAN. (Day) 5 (Year) 19 55

5. SEX: M

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: MAR. 21, 1898

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): POLICEMAN

10B KIND OF BUSINESS OR INDUSTRY: TOWN

11. BIRTHPLACE (State or foreign country): WILMINGTON DEL

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MILLARD F. SQUIRES SR.

14. MOTHER'S MAIDEN NAME: FLORENCE SORDEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) World War I

16. SOCIAL SECURITY NO. 222-18-9196

17. INFORMANT & ADDRESS: MRS. W. F. SQUIRES, OCEAN CITY MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO: Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 15 minutes

ANTECEDENT CAUSE (B) DUE TO: Coronary Sclerosis — 6 wks.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO:

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 10, 1954, to 5 Jan., 1955, that I last saw the deceased alive on 5 JAN., 1955, and that death occurred at 11:12 AM, from the causes and on the date stated above.

SIGNATURE M. M. Thomas. ADDRESS M. D. Ocean City, Md DATE SIGNED 5 Jan 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	1/8/55	GRACELAWN	WILMINGTON DEL

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-6-55	Helen F. Hayward	Anna E. Burbage	Berlin Md

IAN
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01088

01099

CERTIFICATE OF DEATH

Reg. Dist. No. 355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
23 COUNTY Worcester MARYLAND
× CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Berlin
LENGTH OF STAY (in this place) Most of life
00 HOSPITAL OR INSTITUTION OR STREET ADDRESS At home - Route # 1

2. USUAL RESIDENCE (HOME) OF DECEASED: 23
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin ×
STREET ADDRESS (If rural give location) Route # 1 1

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) (Last) Tingle
4. DATE OF DEATH: (Month) 1 (Day) 3 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: A.A.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: About 1886
9. AGE last birthday: About 69 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own farm
11. BIRTHPLACE (State or foreign country): Berlin, Worcester Co., Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Tingle
14. MOTHER'S MAIDEN NAME: Ellen Purnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. Emma Tingle, Berlin, Md. Route # 1

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death
44
Immediate cause (a) Myocarditis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral apoplexy
DUE TO
(c) Hypertension

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-55 to 1-3-55, that I last saw the deceased alive on 12-28, 1954, and that death occurred at 3 P.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Clifford E. Pruitt M.D. Berlin Md.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1-6-'55
NAME OF CEMETERY OR CREMATORY Germantown Cemetery
LOCATION (City, town, or county) (State) Berlin, Worcester Co., Md.

DATE REC'D BY LOCAL REGISTRAR 1-6-55
REGISTRAR'S SIGNATURE Helen F Hayward
24. FUNERAL DIRECTOR ADDRESS Mary A. Stewart, 324 E. Church Street, Salisbury, Maryland
STEWART FUNERAL HOME

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01100

CERTIFICATE OF DEATH

01089

Reg. Dist. No.

Item 9, Film G175 1-17-55 et

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin
LENGTH OF STAY (in this place) About 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS At home - Route # 2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin
STREET ADDRESS (If rural give location) Route # 2

3. NAME OF DECEASED: (Type or Print) (First) Frances (Middle) Daniel (Last) Towns

4. DATE OF DEATH: (Month) 1 - (Day) 6 - (Year) 1955

5. SEX: Female

6. COLOR OR RACE: A.A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 12-23-1872

9. AGE last birthday: 82 ~~83~~ yrs. IF UNDER 1 YEAR Months 0 Days 13 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY: Hotel-Private Fam.

11. BIRTHPLACE (State or foreign country): Washington, Georgia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Daniel

14. MOTHER'S MAIDEN NAME: Rebecca Daniel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 218-12-4819

17. INFORMANT & ADDRESS: Mrs. Lucretia Predeaux, Berlin, Md. Rt. # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary edema — Interval Between Onset And Death: 24 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Congestive heart failure — 5 days

DUE TO (c) Hypertensive Cardio-Vascular Disease — Several years

Rheumatoid arthritis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-14, 1953, to 1-6, 1955, that I last saw the deceased alive on 1-6, 1955, and that death occurred at 9:35 A.M., from the causes and on the date stated above.

SIGNATURE Ivory U. Sulby, Jr. (Degree or title) M.D. ADDRESS Berlin, Md DATE SIGNED 1-8-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 1-11-'55 NAME OF CEMETERY OR CREMATORY Evergreen Cemetery LOCATION (City, town, or county) Berlin, Worcester Co., (State) Md.

DATE REC'D BY LOCAL REGISTRAR 1/9/55 REGISTRAR'S SIGNATURE Helen L. Hayward

24. FUNERAL DIRECTOR Mary A. Stewart ADDRESS 324 E. Church St. Salisbury, Maryland

STEWART FUNERAL HOME

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

JAN 11 1955

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01090

01088

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
42 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke
LENGTH OF STAY (in this place)
90 HOSPITAL OR INSTITUTION OR STREET ADDRESS Belden Restorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Va: COUNTY Accomack
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Tasley 85 x 3
STREET ADDRESS (If rural give location) RFD ✓

3. NAME OF DECEASED: (Type or Print) (First) IDA (Middle) - (Last) WATSON
4. DATE OF DEATH: (Month) Jan (Day) 8, (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Widow	Nov 6, 1866	88 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own home	Virginia	USA

13. FATHER'S NAME: George Belote
14. MOTHER'S MAIDEN NAME: Sarah James

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.
No	None	

17. INFORMANT & ADDRESS: Mrs. Roland Taylor, Onancock, Va.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X
IMMEDIATE CAUSE (A) Pulmonary Oedema — INTERVAL BETWEEN ONSET AND DEATH: 5 hours.

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Degenerative Heart Disease, Arteriosclerotic — Years
(C) DUE TO Hypertension — Years,

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
0		

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1954, to Jan. 8, 1955, that I last saw the deceased alive on Jan. 8, 1955, and that death occurred at 11.15 M, from the causes and on the date stated above.

SIGNATURE Charles W. Trader M. D. ADDRESS Pocomoke City Md DATE SIGNED Jan. 10, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/10/55	Mt. Holly Cemetery	Onancock, Va.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Jan. 14, 1955	Anne E. White	Fox & Kellam, Onancock, Va.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 17 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01091

01101 CERTIFICATE OF DEATH

Reg. Dist. No. 355

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HDME.) OF DECEASED: STATE Md. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Thomas. (Last) West

4. DATE OF DEATH: (Month) Jan. (Day) 19 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWER

8. DATE OF BIRTH: SEPT. 25, 1874

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER. RETIRED

10B. KIND OF BUSINESS OR INDUSTRY: FARM

11. BIRTHPLACE (State or foreign country): Powellville MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Sampson West

14. MOTHER'S MAIDEN NAME: Catherine K. Drewery

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr. Garfield West, Berlin Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4435 IMMEDIATE CAUSE (A) Acute Myocarditis

ANTECEDENT CAUSE (B) DUE TO Hypertension

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Senility

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1—1—53, to 1-19-55, that I last saw the deceased alive on 1-19-55, and that death occurred at 3:35 P M, from the causes and on the date stated above.

SIGNATURE Clifford E. Talbot M. D. ADDRESS Berlin Md DATE SIGNED 1-21-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 1/22/55 NAME OF CEMETERY OR CREMATORY Mt. Zion LOCATION (City, town, or county) (State) Powellville (RFD) Md

DATE REC'D BY LOCAL REGISTRAR 1-24-55 REGISTRAR'S SIGNATURE Helen F Hayward

24. FUNERAL DIRECTOR Owen A. Dunbar ADDRESS Berlin Md

RECEIVED
MAY 26 1955
BUREAU V. S.